

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**358414**

FILING DATE

**3-15-82**

APPLICANT(S)

**Kewin W. Moore et al**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7	1					
8		1				
9		1				
10		3				
11		3				
12		1				
13		1				
14		1				
15		1				
16		3				
17		3				
18	1					
19		1				
20	1					
21		1				
22		2				
23		2				
24		2				
25		1				
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	38					
TOTAL CLAIMS	42					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						